

BB

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>■ Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee  <b>X</b></p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</p> <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p><b>Chief of Criminal Appeals Illinois Attorney General's Office 100 W. Randolph Street Chicago, Illinois 60601</b></p>		<p><b>RECEIVED</b></p> <p><b>JUL 28 2008</b></p>	
<p>2. Article Number (Transit) <b>2006 0100 0001 7313 0438</b></p>		<p>3. Service Options <b>Office of the Attorney General</b>  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt</p>	
		<p>102685-02-M-1540</p>	

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<p>• Sender: Please print your name, address, and ZIP+4 in this box •</p> <p><b>Michael W. Dobbins, Clerk U.S. District Court 219 South Dearborn Street Room 2010 (08cv4156) Chicago, Illinois 60604</b></p>	
<p><b>RECEIVED</b></p> <p><b>AUG 07 2008</b></p> <p><b>08cv4156</b></p> <p><b>MICHAEL W. DOBBINS CLERK, U.S. DISTRICT COURT</b></p>	

**FILED**  
*Aug 7, 2008*  
**AUG 07 2008 PH**

**MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT**